

# 2014 MONTHLY PREMIUM RATES

FOR RETIREES OVER AGE 65 AND/OR MEDICARE ELIGIBLE

## MEDICAL COVERAGE

Monthly Rates	AvMed Low Opt. Plan	AvMed High Opt Plan	AvMed High Opt No RX Plan
Retiree over 65 Only	\$ 487.48	\$ 545.87	\$ 237.27
Retiree over 65 & Spouse/Domestic Partner Over 65	\$ 960.20	\$1,075.19	\$ 467.36
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed POS Plan		\$1,598.61	\$1,290.01
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed High Opt. HMO		\$ 977.97	\$ 669.37
Retiree over 65 & Child(ren) on AvMed High Opt. HMO		\$1,011.66	
Retiree over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed POS Plan		\$1,961.65	
Retiree over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed High Opt. HMO		\$1,324.52	\$1,015.92

Dependent Coverage Only For Retiree over 65 w/ Non-County Medicare Plan	AvMed POS	AvMed HMO High Opt	AvMed HMO Low Opt
Spouse/Domestic Partner Under 65	\$1,052.74	\$ 432.10	\$ 406.96
Child(ren)		\$ 465.79	
Spouse/Domestic Partner Under 65 and Child(ren)	\$1,971.83	\$ 897.89	\$ 845.87

Additional rates/options available upon request.

## DENTAL COVERAGE

Monthly Rates	Delta Dental Plan		MetLife* DHMO (Safeguard)		Humana* - Oral Health Services	
	Standard	Enriched	Standard	Enriched	Standard	Enriched
Retiree Only	\$ 31.22	\$ 40.87	\$ 8.70	\$ 12.67	\$ 8.00	\$ 14.82
Retiree & one dependent	\$ 61.76	\$ 80.81	\$ 14.38	\$ 21.00	\$ 13.23	\$ 24.57
Retiree & dependents	\$ 99.55	\$ 130.30	\$ 22.01	\$ 33.38	\$ 20.22	\$ 39.02

\* Metlife DHMO and Humana-OHS plans are not available outside Miami-Dade, Broward & Palm Beach Counties

## LIFE INSURANCE COVERAGE

Your life insurance coverage is reduced when you reach age 65. The coverage options are \$15,000 or \$20,000.

Life Insurance Benefit	Monthly Rates		
	Age 65-69	Age 70-74	Age 75+
\$15,000	\$ 8.55	\$ 14.10	\$ 19.50
\$20,000	\$ 11.40	\$ 18.80	\$ 26.00